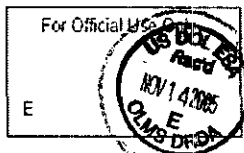


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>43052</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Sandra</u> <u>Reid</u> P.O. Box, Bldg., Room No., if any _____ Street <u>7229 Procopio Circle</u> City <u>Columbia</u> State <u>MD</u> ZIP Code + 4 <u>21046</u>	4. Name, file number, and address of labor organization. Name <u>Air Line Pilots Association</u> Labor Organization File Number <u>000-179</u> P.O. Box, Building and Room Number, if any _____ Street <u>535 Herndon Parkway</u> City <u>Herndon</u> State <u>Virginia</u> ZIP Code + 4 <u>20192</u>
5. Position in labor organization. <u>Copy Editor</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. <span>Add New Part A</span>	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____  7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Sandra Reid

On 8-22-05  
Date

301-275-7577  
Telephone Number

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Add New Part B

8. Name and address of Business (including trade name, if any).

Name Kelly Press  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street 1701 Cabin Branch Drive  
City Cheverly  
State Maryland ZIP Code + 4 20785

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State  ZIP Code + 4

11.a. Nature of such dealing.

Two Redskins football tickets. (won in raffle as gift from Kelly Press.)

11.b. Approximate dollar value of such dealing.

\$100.00(?)

12.a. Nature of interest held or income received.

Received 2 Redskins tickets

12.b. Amount.

2

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

Add New Part C

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State  ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

**U.S. Department of Labor**

Employment Standards Administration  
Office of Labor-Management Standards  
Washington, D.C. 20210



**JUL 27 2005**

Ms. Sandra Reid  
7229 Procopio Circle  
Columbia, MD 21046

Number U-2052

Dear Ms. Reid:

The Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA), requires public disclosure of certain financial transactions and financial interests of labor organization officers and employees and their spouses and minor children. Officers and employees of covered labor organizations must file a Labor Organization Officer and Employee Report, Form LM-30, with the Department of Labor if they held any legal or equitable interest or engaged in any transactions (including loans) of the types described in the six subsections of Section 202 of the LMRDA.

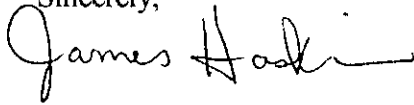
We recently completed our review of your LM-30 filed for period ending December 31, 2004 and found the following deficiencies:

1. Item 4. You must enter the full name and address of the labor organization of which you are an officer or employee.
2. Item 5. You must enter your position in the labor organization.
3. Item 11.a. When selecting 9.a., enter the nature of the dealings between the Labor Organization and the business indicated in item 8.
4. Item 11.b. You must enter the approximate dollar value of the dealings between the business and the organizations indicated in item 8. If you cannot reasonably determine the value, you can enter "unknown."
5. Item 12.a. The benefits received by the filer are entered here. ( Tickets)
6. Item 12.b. The amount of the benefit (Tickets) received by you is entered here.

We are requesting an amended LM-30 reports for the fiscal years ending December 31, 2004 correcting the above deficiencies. Your report should be filed with the Office of Labor Management Standards (OLMS) within 30 days of receipt of this letter.

If you have any questions, please call me at 202-693-0829 or send me an email at [Haskins.James@dol.gov](mailto:Haskins.James@dol.gov).

Sincerely,

A handwritten signature in black ink that reads "James Haskins". The signature is written in a cursive style with a large initial "J" and a long horizontal stroke at the end.

James Haskins, Chief

Branch of Audits